



WASHINGTON DEPARTMENT OF FISH AND WILDLIFE

SPECIAL USE PERMIT APPLICATION

Mail to: WDFW, ADA Manager, 600 Capitol Way N, Olympia, WA 98501-1091

Fax to: (360) 902-2392

Please Print Clearly										APPLICANT INFORMATION REQUIRED										1.			
LAST NAME										FIRST NAME										MIDDLE		SUFFIX JR / SR	
MAILING ADDRESS										PHYSICAL ADDRESS													
CITY					STATE		ZIP			CITY					STATE		ZIP						
SEX M / F		HEIGHT FT. IN.			WEIGHT			DOB			EYE COLOR			HAIR COLOR									
WILD ID					EMAIL					PHONE													
<p>I hereby certify under penalty of perjury under the laws of the State Of Washington that the information provided on this form is true and correct. RCW 77.15.650(1)(a) Penalty Providing False Information</p> <p>Applicant's Signature _____ Date _____</p>																							

MEDICAL CERTIFICATION OF DISABILITY																			2.
<p>Physician: The above applicant is applying for a Special Use Permit for accommodation in hunting, fishing or wildlife viewing activities. State law restricts such permit to persons with permanent non-operable disabilities. There are no temporary permits.</p> <p>Archery Adaptive Equipment: Includes but is not limited to; cocking devices that hold a bow at full draw, trigger mechanisms that may be released by mouth or chin, and devices that assist in supporting the bow. This permit is for hunters who have a permanent upper extremity impairment, rendering them unable to use conventional archery equipment. WAC 232-12-054(4)(a)</p> <p>Crossbow: Hunters unable to use archery adaptive equipment may qualify to use a crossbow. Applicant must have significant loss in the use of the upper extremities which substantially impairs the ability to safely hold, grasp, or shoot a long bow, recurve bow, or compound bow. WAC 232-12-054(4)(b)</p> <p>Scopes: Scopes may be allowed on Crossbows and Muzzleloaders for persons who are visually impaired. Visually impaired means central visual acuity that does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is no greater than twenty degrees. WAC 232-12-828(1)(e)</p> <p>Fly Fishing Only Waters: Anglers with a permanent non-operable upper extremity impairment, who are physically incapable of using conventional fly fishing gear may qualify to use spin-casting gear with a casting bubble. Monofilament line is permitted with no limit on the breaking strength of the line. WAC 220-56-210</p> <p>Copies of your testing protocol and results may be submitted with this application, or may be requested for further examination. Physicians certifying a disability must have intimate knowledge and documentation of the above applicants condition. Please read and answer the following pages carefully. You will be responsible for all information provided in this application.</p> <p>If you have any questions pertaining to hunting regulations, equipment design & use, acceptable testing methods or have a patient with a disability not meeting the criteria above, please call the ADA Program Office at (360) 902-2349. Washington Department of Fish and Wildlife strives to accommodate all persons with permanent disabilities concerning their recreational experiences.</p>																			

Physician: Please select appropriate box for special use permit accommodation. Write a *DETAILED* statement and sign.

Physician's Signature

Archery Adaptive Equipment

Physician's Written Statement: Please describe in detail the condition which substantially impairs the applicant from using conventional archery equipment. Explain how the impairment limits function of the upper extremity and how an adaptive device will accommodate this request. Please print clearly.

Physician's Signature

Crossbow

Physician's Written Statement: Please describe in detail the condition which substantially impairs the applicant from using conventional archery equipment with adaptive devices. Explain how the impairment limits function of the upper extremity and how a crossbow device will accommodate this request. Please print clearly.

Physician's Signature

Scopes

☐

Muzzleloader

☐

Crossbow

Physician's Written Statement: Please describe in detail the condition which substantially impairs the applicant from using pin or peep sight devices. Explain how the impairment was identified, list the findings below and please indicate above on which device the scope is to be mounted. Please print clearly.

Acuity Rating =

Physician's Signature

Fly Fishing Only Waters

Physician's Written Statement: Please describe in detail the condition which substantially impairs the applicant from using fly fishing equipment. Explain how the impairment limits function of the upper extremity for fly fishing activities and how conventional spin-casting equipment will accommodate this request. Please print clearly.

Applicant Name:

Physician Signature Area - ARNP or PA signatures not accepted.

I Print Physician's Name am a licensed physician for the above named person, and by my signature do certify under penalty of perjury according to the laws of the State of Washington RCW 9A.72.030, the above applicant has a permanent disability as I have indicated and verify the physical condition is serious enough to render them unable to hunt or fish without this permit. I understand physical conditions relating completely to the comfort level of the applicant are not acceptable criteria for the issuance of a Special Use Permit. Therefore, I confirm the information provided on this form is correct.

Physician's Signature _____ Date _____

Address _____

_____ Phone _____

Medical License Number _____ Title _____

Optometrist / Ophthalmologist Signature Area.

I Print Physician's Name am a licensed physician for the above named person, and by my signature do certify under penalty of perjury according to the laws of the State of Washington RCW 9A.72.030, the above applicant has a permanent disability as I have indicated and verify the physical condition is serious enough to render them unable to hunt or fish without this SUP permit. I understand not all visual conditions meet the criteria under WAC 232.12.054 for issuance of a Special Use Permit and have advised the applicant. Therefore, I confirm the information provided on this form is correct.

Physician's Signature _____ Date _____

Address _____

_____ Phone _____

Medical License Number _____ Title _____

* This application must be complete to be processed - Allow four weeks for processing *



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EXCEPTION TO THE SPECIAL USE PERMIT APPLICATION

Mail to: WDFW, ADA Manager, 600 Capitol Way N, Olympia, WA 98501-1091

Fax to: (360) 902-2392

This application form is to be included **ONLY** for permanent disabilities not currently covered under:
WAC 232-12-828, WAC 232-12-054, WAC 220-56-210, WAC 232-12-051.

LAST NAME			FIRST NAME		MIDDLE	SUFFIX JR / SR
MAILING ADDRESS			WILD ID			
CITY		STATE	ZIP	PHONE		SSN
SEX M / F	HEIGHT FT. IN.	WEIGHT		DOB	EYE COLOR	HAIR COLOR

Applicant: please describe in very specific detail why you are requesting an exception to the Special Use Permit that would allow you to participate in fishing, hunting, or wildlife viewing activities that you would not be able to do within the existing WAC definitions; WAC 232-12-828, WAC 232-12-054, WAC 220-56-210, WAC 232-12-051

Signature_____

Physician: please describe in very specific detail the condition which substantially impairs the applicant thus rendering them unable to participate in fishing, hunting or wildlife viewing activities. Explain how this exception to the SUP will accommodate a disability not listed in the definitions; WAC 232-12-828, WAC 232-12-054, WAC 220-56-210, WAC 232-12-051

Signature_____